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| MULTIPLE DEPENDENT CLAIM<br>FEE CALCULATION SHEET |                     |        |                          |        |                           |                 | Application Number<br>10/1786,612                 | Filing Date |
|---|---------------------|--------|--------------------------|--------|---------------------------|-----------------|---|-------------|
|   |                     |        |                          |        |                           |                 | Applicant(s)                                      |             |
|   |                     |        |                          |        |                           |                 | * May be used for additional claims or amendments |             |
| CLAIMS  | AS FILED<br>10-5-05 |        | AFTER FIRST<br>AMENDMENT |        | AFTER SECOND<br>AMENDMENT |                 |   |             |
|   | Indep               | Depend | Indep                    | Depend | Indep                     | Depend          | Indep   | Depend      |
| 1   |                     |        |                          |        |                           | 51              |   |             |
| 2   |                     |        |                          |        |                           | 52              | 1   |             |
| 3   |                     |        |                          |        |                           | 53              | 1   |             |
| 4   |                     |        |                          |        |                           | 54              | 1   |             |
| 5   |                     |        |                          |        |                           | 55              | 1   |             |
| 6   |                     |        |                          |        |                           | 56              | 1   |             |
| 7   |                     |        |                          |        |                           | 57              | 1   |             |
| 8   |                     |        |                          |        |                           | 58              | 1   |             |
| 9   |                     |        |                          |        |                           | 59              |   |             |
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| 11  |                     |        |                          |        |                           | 61              |   |             |
| 12  |                     |        |                          |        |                           | 62              |   |             |
| 13  |                     |        |                          |        |                           | 63              |   |             |
| 14  |                     |        |                          |        |                           | 64              |   |             |
| 15  |                     |        |                          |        |                           | 65              |   |             |
| 16  |                     |        |                          |        |                           | 66              |   |             |
| 17  |                     |        |                          |        |                           | 67              |   |             |
| 18  |                     |        |                          |        |                           | 68              |   |             |
| 19  |                     |        |                          |        |                           | 69              |   |             |
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| 23  |                     |        |                          |        |                           | 73              |   |             |
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| 25  |                     |        |                          |        |                           | 75              |   |             |
| 26  |                     |        |                          |        |                           | 76              |   |             |
| 27  |                     |        |                          |        |                           | 77              |   |             |
| 28  |                     |        |                          |        |                           | 78              |   |             |
| 29  |                     |        |                          |        |                           | 79              |   |             |
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| 31  |                     |        |                          |        |                           | 81              |   |             |
| 32  |                     |        |                          |        |                           | 82              |   |             |
| 33  |                     |        |                          |        |                           | 83              |   |             |
| 34  |                     |        |                          |        |                           | 84              |   |             |
| 35  |                     |        |                          |        |                           | 85              |   |             |
| 36  |                     |        |                          |        |                           | 86              |   |             |
| 37  |                     |        |                          |        |                           | 87              |   |             |
| 38  |                     |        |                          |        |                           | 88              |   |             |
| 39  |                     |        |                          |        |                           | 89              |   |             |
| 40  |                     |        |                          |        |                           | 90              |   |             |
| 41  |                     |        |                          |        |                           | 91              |   |             |
| 42  |                     |        |                          |        |                           | 92              |   |             |
| 43  |                     |        |                          |        |                           | 93              |   |             |
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| Total<br>Indep.                                   |                     |        |                          |        |                           | Total<br>Indep. |   |             |
| Total<br>Depend                                   |                     |        |                          |        |                           | Total<br>Depend |   |             |
| Total<br>Claims                                   |                     |        |                          |        |                           | Total<br>Claims |   |             |

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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 10/1786,612 Filing Date

Applicant

CLAIMS

|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
|--------------|----------|------|---------------------|------|---------------------|------|
|              | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. |
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| TOTAL IND.   | /        | ↓    | ↓                   | ↓    |                     |      |
| TOTAL DEP.   | 19       | ←    | ←                   | ←    |                     |      |
| TOTAL CLAIMS | 20       |      |                     |      |                     |      |

|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
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